

The Honorable MARSHA J. PECHMAN

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA**

PIERCE COUNTY, *et. al.*,

Plaintiffs,

v.

WASHINGTON STATE DEPARTMENT  
OF SOCIAL AND HEALTH SERVICES,  
*et. al.*,

Defendants.

NO. 3:23-cv-05775-MJP

DEFENDANTS' RESPONSE TO  
PLAINTIFFS' EMERGENCY MOTION  
TO REMAND AND IN THE  
ALTERNATIVE FOR TEMPORARY  
RESTRAINING ORDER

**I. INTRODUCTION**

This Court has subject matter jurisdiction over this matter because it is grounded in the ongoing management of state hospitals under federal constitutional principles. This includes this Court's prioritization of state resources toward competency evaluation and restoration because those patients have Fourteenth Amendment rights during criminal prosecution not applicable to civil conversion proceedings, whose respondents are no longer subject to criminal prosecution. While Plaintiffs claim a clear equitable and legal right to immediate, court-directed admission of all civil conversion patients sent to the state by the counties, their claim overlooks the limitations that exist in state hospitals and the ongoing control by this Court over this finite resource. Removal of this action so that the federal question necessarily raised by the Complaint can be considered by this Court is proper because the federal authority governing this finite resource -- the "res" of this action—is raised, disputed, substantial, and capable of resolution of the federal-

1 state balance approved by Congress. The State's management of available beds in state facilities  
 2 for behavioral health services has been under federal court injunction for over eight years. More  
 3 recently, this Court has directed that certain civil conversion patients not be admitted for treatment  
 4 in state hospitals and that a certain number of beds be available and immediately filled by those  
 5 patients awaiting competency restoration or evaluation services, subject to substantial *per diem*  
 6 fines for each patient not receiving such services. Meanwhile, this Court's 2015 permanent  
 7 injunction continues, directing Defendants to reduce the wait times for defendants in criminal  
 8 proceedings for competency evaluation and restoration services. Because of these federal court  
 9 orders, Plaintiffs lack a legal right to claim immediate, on-demand admission of other patients.  
 10 Furthermore, state law prevents counties from seeking declaratory or injunctive relief over how  
 11 those beds are allocated. Therefore, their request for relief should not only be governed by this  
 12 Court, their request for preliminary injunctive relief should be denied.

## 13 II. FACTUAL BACKGROUND

14 *A.B. by & through Trueblood v. Washington State Dep't of Soc. & Health Servs.*, Case No.  
 15 2:14-cv-1178 (W.D. Wash.) (*Trueblood*) is a federal class action brought against the Department  
 16 of Social and Health Services (DSHS) almost ten years ago alleging the wait time for admission  
 17 to the state hospitals for competency evaluation and competency restoration services violate the  
 18 class plaintiffs' due process rights under the federal constitution. *Trueblood*, Dkt. #1. Following  
 19 a March 2015 trial, this Court held that in-jail wait times for competency evaluation and  
 20 restoration services of more than seven days are unconstitutional. *Trueblood*, Dkt. #131. The  
 21 Ninth Circuit reversed and remanded, and the permanent injunction was modified to set the  
 22 timeline for evaluation services at 14 days. *Trueblood v. Washington State Dep't of Social and*  
 23 *Health Serv.*, 822 F.3d 1037, 1045-46 (9th Cir. 2016); *Trueblood*, Dkt. #228 at 18-19; Dkt. #330  
 24 at 32-34. Since then, the parties have negotiated a phased-in contempt settlement and, following  
 25 a December 11, 2018 fairness hearing, the Court granted final approval of the settlement  
 26 agreement. Under the settlement agreement, the entry of contempt judgments for inpatient fines

1 were suspended as of December 1, 2018. Under the settlement agreement, these fines continue to  
 2 accrue, but not be paid, unless the State breaches the settlement agreement. *Trueblood*, Dkt. #599-  
 3 1. This Court's 2015 permanent injunction continues; implementation of the settlement agreement  
 4 is ongoing, and continues to be supervised by this Court. *See, e.g., Trueblood*, Dkt. #1009.

5 On July 7, 2023, following the June 12-15, 2023 evidentiary hearing in Seattle in  
 6 *Trueblood*, this Court entered findings of fact, conclusions of law, and an order finding the State  
 7 in breach of the contempt settlement agreement, and in further contempt of the court's orders. *Id.*  
 8 This Court ordered limitations on state hospital admissions apart from competency evaluation or  
 9 restoration, payment of over \$100 million in contempt fines (out of the \$290 million currently  
 10 suspended), new contempt fines to accrue on civil patients who remain in forensic beds, and other  
 11 relief. *Trueblood*, Dkt. #1009 at 49-52. On August 14, 2023, this Court entered an order  
 12 modifying the July 7 order, adopting in part the joint proposed modifications submitted by the  
 13 parties on July 21, 2023. This Court's amended order maintains the July 7 moratorium on  
 14 admission of non-violent civil conversion patients for treatment in state hospitals, but makes  
 15 numerous other changes to the July 7, 2023 order, including the requirement that forensic beds  
 16 be cleared of civil conversion patients occupying those beds, to be immediately filled with  
 17 members of the *Trueblood* class. *Trueblood*, Dkt. #1033. This Court's findings of fact on July 7  
 18 included the following:

19 DSHS failed to take swift or meaningful action to stop prioritizing Civil Conversion  
 20 patients over Class Members. Despite the lack of bed space and rising number of  
 21 Civil Conversion patients at WSH, DSHS waited until December 2022 to adjust  
 22 admission procedures for Civil Conversion patients. (Tr. Ex. 7.) After the changes  
 23 in admissions took effect, DSHS denied admission to 43 of roughly 160-180 total  
 24 Civil Conversion patients. Even with the change in the algorithm in December  
 25 2022, the number of Civil Conversion patients increased through February 2023.  
 26 DSHS could have changed the algorithm's prioritization of Civil Conversion  
 patients earlier than it did. DSHS did not stop admitting Civil Conversion patients  
 until March 2023. By stopping new admissions of Civil Conversion patients, DSHS  
 has seen a large decrease from over 130 Civil Conversion patients in March to 108  
 patients in May 2023. DSHS could have stopped admitted Civil Conversion  
 patients into forensic beds well before March 2023.

1 *Trueblood*, Dkt. #1009 at 32, ¶ 87. The July 7 Order directed that DSHS “immediately cease  
 2 admitting Civil Conversion patients to state hospitals for ordered civil commitment treatment,  
 3 except for patients for whom the commitment court has made a special finding of violent felony  
 4 pursuant to [Wash. Rev. Code] § 71.05.280(3)(b).” *Trueblood*, Dkt. #1009 at 49, ¶ 33.a. Since  
 5 this Court entered this July 7 Order, DSHS notified counties that it was unable to accept civil  
 6 conversion patients because such patients do not arrive at state hospitals with such a finding. On  
 7 August 14, 2023, this Court maintained its moratorium on civil conversion patients, but clarified  
 8 “except for patients who have been charged with a ‘violent offense’ under [Wash. Rev.  
 9 Code §] 9.94A.030(58).” *Trueblood*, Dkt. #1033 at 2, 33.a. Both orders required DSHS to clear  
 10 its forensic beds within 60 days from July 7 so that *Trueblood* class members may occupy them  
 11 immediately. *Trueblood*, Dkt. #1033 at 2,3, ¶¶ 33.c, 33.d. Since July 7, DSHS has sent  
 12 approximately 45 no-admit letters to counties regarding civil conversion patients referred by them  
 13 to state hospitals, citing the July 7 or August 14 Orders entered in *Trueblood*. Declaration of  
 14 Kevin Bovenkamp (Bovenkamp Decl.) at 4.

15 Twenty-two counties and the Washington Association of Counties (“Counties”) brought  
 16 this suit, originally filed in Pierce County Superior Court, seeking declaratory and injunctive relief  
 17 directing immediate admission for evaluation, without limitation, of felony conversion patients  
 18 under Wash. Rev Code § 10.77.068. Dkt. #01-2. The Counties also seek immediate, strict  
 19 enforcement of a thirty-day notice requirement prior to transfer of a civil conversion patient to  
 20 the community under Wash. Rev. Code § 71.05.425. The Counties allege they “have clear legal  
 21 rights to ensure that DSHS fully meets its obligation to evaluate civil conversion patients and  
 22 provide notice prior to the release, transfer, or grant of leave to Committed Patients.” Dkt. #01-2  
 23 at 14. The Counties also noted a hearing on September 8, 2023, in Pierce County Superior Court  
 24 to seek a preliminary order seeking the same relief alleged in their Complaint. Dkt. #03-1 at 9.

25 The Counties bring this suit despite the language in Wash. Rev. Code § 71.05.026 barring  
 26 them from suing the State for injunctive relief regarding bed allocation in the state hospitals. *Id.*

(counties “shall have no claim for declaratory relief, injunctive relief, judicial review under chapter 34.05 RCW, or civil liability against the state or state agencies for actions or inactions performed pursuant to the administration of this chapter with regard to the following: (a) The allocation or payment of federal or state funds; (b) the use or allocation of state hospital beds; or (c) financial responsibility for the provision of inpatient behavioral health disorder treatment and care.”). The state hospitals have one sender of patients for civil conversion cases: the Counties. Nearly all of the patients in state hospitals are sent by Washington counties either under orders from criminal courts to receive competency evaluation or restoration in state hospital or as part of civil conversion proceedings. Bovenkamp Decl. at 2.

DSHS removed this case to this Court under 28 U.S.C. § 1441 because of the federal constitutional law driving the *Trueblood* Orders. The Counties oppose removal and filed an emergency motion for remand, or in the alternative, a temporary restraining order. This Court is now assigned the matter and set the motion for remand under the usual schedule per this Court’s local rules. *See* LCR 7(d)(3). This Court advised the parties it would decide this Court’s subject matter jurisdictional issues before deciding on any motion for preliminary injunctive relief. Dkt. #9 at 1-2.

### III. ARGUMENT

#### A. **This Court Should Deny Remand Because the Counties’ Claim of a Clear Legal Right is Governed by this Court’s Protection of Federal Constitutional Rights Under *Trueblood* Over the Finite Resources in State Hospitals and Elsewhere**

##### **1. Removal is available for state claims raising a federal issue**

An action filed in state court can be removed when the federal district court could have exercised original jurisdiction. *Caterpillar Inc. v. Williams*, 482 U.S. 386, 392 (1987); 28 U.S.C. § 1441. The United States District Courts “have original jurisdiction of all civil actions arising under the Constitution, laws, or treaties of the United States.” 28 U.S.C. § 1331 and § 1343. Most cases claiming jurisdiction under this standard, commonly known as federal question jurisdiction, meet the “arise under” requirement because the stated cause of action was

created by federal law. *See Am. Well Works Co. v. Layne & Bowler Co.*, 241 U.S. 257, 260 (1916). Separately, claims originating from state law can meet the federal question requirement if the “state-law claim necessarily raise a stated federal issue, actually disputed and substantial, which a federal forum may entertain without disturbing any congressionally approved balance of federal and state judicial responsibilities.” *Grable & Sons Metal Prod., Inc. v. Darue Eng’g & Mfg.*, 545 U.S. 308, 314 (2005). The Supreme Court further clarified the *Grable* test stating “federal jurisdiction over a state law claim will lie if a federal issue is: (1) necessarily raised, (2) actually disputed, (3) substantial, and (4) capable of resolution in federal court without disrupting the federal-state balance approved by Congress.” *Gunn v. Minton*, 568 U.S. 251, 258 (2013). The Supreme Court stated this “doctrine captures the commonsense notion that a federal court ought to be able to hear claims recognized under state law that nonetheless turn on substantial questions of federal law, and thus justify resort to the experience, solicitude, and hope of uniformity that a federal forum offers on federal issues.” *Grable*, 514 U.S. at 312.

**2. The federal issues in this matter are necessarily raised, disputed, substantial, and consistent with federal-state balance**

Removal of this case to federal court is appropriate because it meets the test articulated in *Grable* and *Gunn*. Federal questions are “necessarily raised” by the plaintiffs in their complaint which is actually disputed by the parties. The Counties’ Complaint alleges that “on July 7, 2023 in *A.B. by & through Trueblood v. Washington State Dep’t of Soc. & Health Servs.*, Case No. 2:14-cv-1178 (U.S.D.C. WD WA), the U.S. District Court for the Western District of Washington issued an order (the “*Trueblood Order*”) ruling that DSHS [Department of Social and Health Services] breached its duty owed a class of pre-trial detainees by failing to provide timely competency and restoration services in violation of the detainees’ Fourth Amendment Rights, and in violation of a settlement agreement DSHS had previously entered with the plaintiff class.” Dkt. #01-2 at 11, ¶ 52. The Complaint alleges this Court ordered that DSHS “shall immediately cease admitting Civil Conversion patients to the state hospitals for ordered civil commitment

1 treatment.” Dkt. #01-2 at 11, ¶ 53. However, the Counties erroneously allege “although the  
 2 *Trueblood* Order was limited to long-term treatment admissions, did not impact short-term  
 3 evaluation admissions, and had no applicability to other DSHS operated or contracted facilities,  
 4 DSHS immediately began citing the *Trueblood* Order as a basis to decline providing mental health  
 5 evaluations to *all* civil conversion patients.” *Id.* The State disputes this allegation and the  
 6 plaintiff’s interpretation of the *Trueblood* order. Specifically, the State contends there is no  
 7 practical difference between “short-term evaluation admissions” and “long-term treatment  
 8 admissions” as both would take up state hospital beds that are intended by *Trueblood* Orders to  
 9 be filled by *Trueblood* class members. *See* Declaration of George Petzinger, M.D. (Petzinger  
 10 Decl.) at 2, 4. At this time, there are no additional civil beds at Department operated facilities, or  
 11 facilities contracted with the Department, that could absorb patients that meet criteria for civil  
 12 commitment following an evaluation. Petzinger Decl. at 2. Additionally, civil conversion beds  
 13 under contract with the Health Care Authority are neither equipped nor contracted to take new  
 14 admissions or to perform commitment evaluations in accordance with RCW 10.77.086(7).  
 15 Bovenkamp Decl. at 2; Declaration of Kari Waterland (Waterland Decl.) Ex. 1 at 4. Thus, patients  
 16 would end up staying in a forensic bed at the state hospital for treatment in violation of the order.  
 17 Petzinger Decl. at 4. Defendants also dispute that it is declining all civil conversion patients as  
 18 DSHS is still accepting civil conversation patients charged with a violent felony. Petzinger Decl.  
 19 at 3-4.

20 Directly contrary to the Counties’ contentions, federal subject matter jurisdiction here is  
 21 most evident from this Court’s *Trueblood* July 7 Order finding a direct correlation between  
 22 reduced availability of *Trueblood* beds and admissions of civil conversion patients in state  
 23 hospitals. This includes this Court’s finding that DSHS failed to take “*meaningful action to stop*  
 24 *prioritizing Civil Conversions*” and realized large decreases in civil conversion patients after  
 25 stopping new admissions of these patients in March 2023. *Trueblood*, Dkt. #1009 at 32, ¶87  
 26 (emphasis added). This Court also found “DSHS could have stopped admitted Civil Conversion



1 patients into forensic beds well before March 2023." *Id*; see also *Trueblood*, Dkt. #1109 at 42,  
 2 ¶15, 43, ¶17 (having the authority to refuse civil conversion admissions).

3 The State also disputes that it can evaluate civil conversion patients without also providing  
 4 treatment as this would be a violation of patient rights under Wash. Rev Code §§ 71.05.217;  
 5 71.05.210. See Petzinger Decl at 2-3. As the plaintiffs have petitioned the Court for an injunction  
 6 requiring the state to "accept civil conversion patients for civil commitment evaluations"  
 7 Dkt. #01-2 at 14, ¶ 69, they have necessarily raised a federal question as such an injunction could  
 8 directly conflict with the State's legal obligation under this Courts order. Any court that  
 9 adjudicates the Complaint will have to interpret, as part of the Counties' case-in-chief of  
 10 establishing a clear legal right to the requested injunction, the impact of this Court's *Trueblood*  
 11 order, which ties directly to federal constitutional rights. Regardless of the outcome, this case is  
 12 not purely a question of state law. This Court must determine if *its* order issued to protect federal  
 13 constitutional rights has supremacy over the state law procedures under Wash. Rev. Code  
 14 §§10.77, 71.05. This makes the federal question an essential element of the case. Prior to the June  
 15 2023 *Trueblood* evidentiary hearing, the amicus Counties (several of which are also Plaintiffs in  
 16 the allegedly state-law lawsuit) recognized the federal issues involved, conceding in their brief  
 17 there was a "a direct link between DSHS's continuing contempt of this Court's orders for timely  
 18 competency restoration and civil conversion commitments." *Trueblood*, Dkt. #950-1 at 2.

19 The federal issues in this case are substantial. The Supreme Court explained "it is not  
 20 enough that the federal issue be significant to the particular parties in the immediate suit...The  
 21 substantiality inquiry under *Grable* looks instead to the importance of the issue to the federal  
 22 system as a whole." *Gunn*, 568 U.S. at 260. In *Grable*, the Supreme Court identified the  
 23 Government's strong interest in the collection of delinquent taxes and the ability of the Internal  
 24 Revenue Service (IRS) to satisfy its claims from the property of delinquents. *Grable*, 545 U.S.  
 25 at 315. "The Government thus has a direct interest in the availability of a federal forum to  
 26 vindicate its own administrative action, and buyers (as well as tax delinquents) may find it



1 valuable to come before judges used to federal tax matters.” *Id.* Here, the federal question revolves  
 2 around this Court’s oversight of the state’s mental health system and the federal constitutional  
 3 rights of numerous Washingtonians. Thus, the federal question here carries substantial importance  
 4 beyond the immediate parties in the complaint. This is similar to *Grable* as constitutional rights  
 5 and the power to collect taxes are both fundamental pillars of the federal system that broadly  
 6 impact the public.

7 Finally, this matter is “capable of resolution in federal court without disrupting the federal-  
 8 state balance approved by Congress.” *Gunn*, 568 U.S. at 258. In *Grable*, where federal jurisdiction  
 9 was found in a state quiet title claim with an embedded question regarding IRS notice  
 10 requirements, the Supreme Court stated “the meaning of the federal tax provision is an important  
 11 issue of federal law that sensibly belongs in a federal court.” *Grable*, 545 U.S. at 315. The  
 12 Supreme Court then examined the potential impact of its ruling on the volume of federal litigation  
 13 and whether its decision would attract “a horde of original filings and removal cases raising other  
 14 state claims with embedded federal issues” *Id.* at 318. The Supreme Court also addressed the  
 15 importance of adhering to “legislative intent” when finding jurisdiction in matters where there is  
 16 no cause of action under federal law noting that Congress “indicated ambivalence in this case by  
 17 providing no private right of action to *Grable*.” *Id.* at 319. The Supreme Court concluded “because  
 18 it will be the rare state title case that raises a contested matter of federal law, federal jurisdiction  
 19 to resolve genuine disagreement over federal tax title provisions will portend only a microscopic  
 20 effect on the federal-state division of labor.” *Id.* at 309.

21 Here, the embedded federal question under dispute is how to interpret this Court’s order,  
 22 which directly implicates federal constitutional rights, and whether this Court’s order has  
 23 supremacy over state law requirements under Wash. Rev. Code §§ 10.77, 71.05. Similar to  
 24 *Grable*, common sense indicates that the federal court that issued the *Trueblood* order must hear  
 25 a state law claim that turns on the interpretation of that order and the federal constitutional rights  
 26 it applies. The Counties’ requested relief would reverse the *Trueblood* contempt settlement and

1 this Court’s orders. Further, allowing federal jurisdiction in this case will not drastically increase  
 2 the volume of cases brought in federal courts or upset the federal-state balance. The underlying  
 3 facts of this matter are unique to the same resources, the res of both cases, controlled by the  
 4 *Trueblood* Orders. The potential impact on case volumes in federal court created by finding  
 5 federal jurisdiction in this matter is certainly less than the impact in *Grable*, where the embedded  
 6 federal question was notice requirements when the IRS seizes real property. *See Grable*, 545 U.S.  
 7 at 310. Finally, finding federal question jurisdiction in this case does not run afoul of the  
 8 legislative intent of Congress because United States District Courts “have original jurisdiction of  
 9 all civil actions arising under the Constitution, laws, or treaties of the United States.” 28 U.S.C.  
 10 §§ 1331, 1343. This complaint, by “necessarily raising” the interpretation and impact of the  
 11 *Trueblood* Orders, directly implicates the federal constitutional rights of the people of  
 12 Washington. Thus, this case is ultimately a matter of federal constitutional law and should be  
 13 heard in federal court. *See* 28 U.S.C. §§ 1331, 1343. Further, federal courts have discretion to  
 14 amend their orders. “[T]he supervising court has wide discretion to amend the decree to include  
 15 whatever procedures are required for its efficient operation.” *Keith v. Volpe*, 784 F.2d 1457, 1461  
 16 (9th Cir. 1986). This Court must retain jurisdiction here because it may need to amend its order  
 17 in light of the Counties’ claims.

18 In their Emergency Motion for Remand, the Counties cite *Negrete v. City of Oakland*,  
 19 46 F.4th 811, 818 (9th Cir. 2022) as authority to remand the matter back to state court.<sup>1</sup> *Negrete*  
 20 involved police officers for the City of Oakland who were dismissed pursuant to a Consent Decree  
 21 and federal court order. *Id.* at 814-16. There, the court held:

22 To be sure, there is a potential federal issue involving the question of how to  
 23 resolve an alleged conflict between the *Allen* Consent Decree and the Charter.  
 24 Although this question would inevitably arise in this case and may involve a

25 <sup>1</sup> The Counties also rely on *Syngenta Crop Prot., Inc. v. Henson*, 537 U.S. 28, 31 (2002) for the proposition  
 26 that removal cannot be based on mere “frustration of orders [of] the federal court.” Dkt. #07 at 9-10. *Syngenta* is not  
 applicable here because it was based on an attempt to use the federal All Writs Act as a basis for federal jurisdiction,  
 as opposed to an allegedly state-law action necessarily requiring resolution of federal law, as here.

1 federal issue, it is not an issue that is necessarily raised within the meaning of  
 2 *Grable* because it is not an “essential element” of any of the officers' claims...At  
 3 most, it is a federal issue that may arise as a potential defense. In essence, the  
 4 officers anticipate that the City will contend that the relied-upon provisions of  
 5 state law conflict with, and have been displaced by, the Consent Decree, and that  
 6 the City is thus required to comply with the provisions of the Consent Decree.  
 In considering such a defense, the court would have to determine whether there  
 is a conflict between the Consent Decree and the Charter, and if so, how to  
 resolve that conflict.

7 *Id.* at 819. The court explained that “a federal issue raised in anticipation of a defense is not  
 8 sufficient to establish federal question jurisdiction” *Id.* (citing *Merrell Dow Pharms. Inc. v.*  
 9 *Thompson*, 478 U.S. 804, 808 (1986) and *Franchise Tax Bd. v. Constr. Laborers Vacation Tr. for*  
 10 *S. Cal.*, 463 U.S. 1, 9-10 (1983)). Here, the Counties cannot claim a clear legal right to injunctive  
 11 relief, an element of their claim, because the *Trueblood* Orders remain in effect and control the  
 12 res, the resources at issue in this case. Unlike in *Negrete*, here there is a limited resource directly  
 13 controlled by the *Trueblood* Orders, so that a lawsuit seeking access to state hospital beds  
 14 necessarily impacts and requires interpretation of the *Trueblood* Orders.

15 *Negrete* is also distinguishable from this case because the fired police officers had no  
 16 involvement in the litigation creating the Consent Decree and they were not directly attacking the  
 17 Decree in their complaint. *See Negrete*, 46 F.4th at 819. Here, the Counties concede they are  
 18 political subdivisions of the State. Dkt. #01-2 at 4-7. The Counties have been aware of the  
 19 *Trueblood* litigation throughout its almost ten-year life and could have sought intervention. The  
 20 Counties also appeared as amicus in the *Trueblood* June 2023 evidentiary hearing, making  
 21 arguments largely echoed in their allegedly state-law Complaint (*Trueblood*, Dkt. #s 950, 950-1),  
 22 and presented an opening statement (*Trueblood* Dkt. #1014 at 6-21) and closing arguments during  
 23 that hearing. *Trueblood*, Dkt. #1017 at 506-34. Second, the Counties' complaint directly cites the  
 24 *Trueblood* order and offers an argument that the state is misconstruing the meaning of this Court's  
 25 order regarding short-term admissions for evaluation and long-term admissions for treatment.  
 26 Dkt. #01-2 at 11, ¶ 53. By raising the *Trueblood* order in their Complaint and requesting relief

1 that would conflict with the *Trueblood* Orders, the Counties have embedded a substantial federal  
 2 question into state law claims thereby making the federal issue an essential element of the case.  
 3 *See Rice v. Panchal*, 65 F.3d 637, 645 n.8 (7th Cir. 1995) (recognizing plaintiffs cannot evade  
 4 federal subject matter jurisdiction by artful pleading). This case is similar to *Grable*, where a  
 5 question on service requirements under federal tax law became an essential element of a quite  
 6 title case under state law. *Grable* at 314-15.<sup>2</sup>

7 This case is also similar to *Hornish v. King County*, 899 F.3d 680, 691 (2018) where the  
 8 Ninth Circuit Court of Appeals found federal question jurisdiction under *Grable*. *Id.* In *Hornish*,  
 9 the court found that the federal question was necessarily raised on the face of the complaint even  
 10 though it was based solely on a state statute because the plaintiff-appellants requested injunctive  
 11 relief under state law that “necessarily implicates” the federal Trails Act. *See Id.* at 689. Here, the  
 12 Counties directly cite the *Trueblood* order, and the constitutional rights it intends to protect, in  
 13 their Complaint and have requested an injunction that implicates the *Trueblood* order. Dkt. #01-2  
 14 at 11, ¶¶52, 53; Dkt. #01-2 at 14, ¶ 69. The court in *Hornish* found the federal question, how to  
 15 interpret the federal Trails Act, was actually disputed. *Id.* at 689. The parties in *Hornish* offered  
 16 competing statements of fact on the scope of property rights King County acquired pursuant to a  
 17 Quit Claim Deed. *Id.* at 689-90. The court reasoned that “the resolution of this dispute turns on  
 18 an interpretation of the Trails Act.” *Id.* at 690. Here, the parties have offered competing statements  
 19 of fact, namely whether civil conversion patients can be admitted for evaluation without violating  
 20 this Court’s order, which can only be resolved by interpreting the *Trueblood* order and the  
 21 constitutional rights it implicates. *See* Petzinger Decl. at 2-4 The *Hornish* court determined under  
 22 *Grable* that the Government’s strong interest in facilitating trail development and preserving  
 23 established railroad right of ways for future reactivation of rail service was “substantial.”  
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25 <sup>2</sup> In the alternative, if the Court finds *Negrete* controlling, which it is not, Defendants contend that *Negrete*  
 26 was wrongly decided and that the dissenting opinion was correct. *Negrete*, 46 F.4th at 821 (Rakoff, J, dissenting).  
 Defendants understand that this Court may not overrule a controlling Ninth Circuit panel decision, but reserve their  
 right to argue for a change in the law in potential subsequent proceedings.

1 *Id.* at 691. The fourth element of *Grable* was met as Congress “acted in the Trails Act to preclude  
 2 the operation of state laws regarding abandonment” and empowered a federal agency to supervise  
 3 the process of “railbanking” and railway reactivation. *See id.* Here, there is a strong government  
 4 interest to follow the *Trueblood* Orders that interpret and apply federal constitutional principles,  
 5 protect the constitutional rights of *Trueblood* class members, and bind the State and its hospitals  
 6 and other resources. Finally, this case is similar to *Hornish* where Congress specifically passed  
 7 the “Trails Act”; here Congress enacted 28 U.S.C. §§ 1331, 1343, thus expressing a legislative  
 8 intent for United States District Courts to have original jurisdiction of all civil actions arising  
 9 under the Constitution.

10 In *Grable*, the Supreme Court stated “there is no good reason to shirk from federal  
 11 jurisdiction over the dispositive and contested federal issue at the heart of the state-law title  
 12 claim.” *Grable* at 319-320. Here all four elements of the *Grable* test are met. The heart of the  
 13 Counties’ Complaint relates to this Court’s orders in *Trueblood* and the constitutional rights they  
 14 seek to protect. Accordingly, the Motion to Remand should be denied and federal question  
 15 jurisdiction should be upheld.

16 **B. This Court Should Deny the Counties’ Motion For Temporary Restraining Order**

17 The Counties have not met their burden under Fed. R. Civ. P. 65 of establishing they are  
 18 entitled to the “extraordinary and drastic remedy” of a temporary restraining order. *Pom*  
 19 *Wonderful LLC v. Hubbard*, 775 F.3d 1118, 1124 (9th Cir. 2014). The standard for issuing a  
 20 temporary restraining order is “substantially identical” to the standard for issuing a preliminary  
 21 injunction. *Stuhlbarg Int’l Sales Co. v. John D. Brush & Co.*, 240 F.3d 832, 839 n.7  
 22 (9th Cir. 2001). To prevail on a request for a temporary restraining order, a party must show: (1)  
 23 they are likely to succeed on the merits of their claims; (2) they are likely to suffer irreparable  
 24 harm in the absence of a temporary restraining order; (3) the balance of equities weighs in their  
 25 favor; and (4) a temporary restraining order is in the public interest. *Pom*, 775 F.3d at 1124; *see*  
 26 *also Winter v. Natural Resources Defense Council, Inc.*, 555 U.S. 7, 20 (2008). In considering

1 such a request, a court “must balance the competing claims of injury and must consider the effect  
2 on each party of the granting or withholding of the requested relief.” *Winter*, 555 U.S. 7 at 24  
3 (citation omitted). Injunctive relief is never available as a matter of right. *Id.*

4 The primary purpose of injunctive relief is “to preserve the status quo pending a  
5 determination of the action on the merits.” *King v. Saddleback Junior Coll. Dist.*, 425 F.2d 426,  
6 427 (9th Cir. 1970); see also *Sierra Forest Legacy v. Rey*, 577 F.3d 1015, 1023 (9th Cir. 2009).  
7 But where, as here, a party seeks to require another party to take affirmative acts, thereby altering  
8 the status quo, the requested relief constitutes a “mandatory injunction,” which is “particularly  
9 disfavored” in law.” *Transwestern Pipeline Co. v. 17.19 Acres of Prop.*, 550 F.3d 770, 776  
10 (9th Cir. 2008).<sup>3</sup> To obtain such extraordinary relief, “the moving party must meet an even higher  
11 burden.” *Id.*

12 In particular, by asking the Court to compel the Department to admit civil conversion  
13 patients for evaluation under Wash. Rev. Code § 10.77.086(7) and compel the Department to send  
14 out notifications pursuant to Wash. Rev. Code § 71.05.425, the Counties are seeking a mandatory  
15 injunction. The Court should grant a mandatory injunction only if “the facts and law clearly favor  
16 the moving party.” *Id.* (internal quotation marks and citations omitted). As articulated below, the  
17 Counties have not shown that the facts and the law clearly favor their position and the Court  
18 should therefore exercise restraint and deny the Counties’ motion.

19 **1. The Counties are not likely to succeed on the merits of their claims**

20 **a. The Counties lack standing and Wash. Rev. Code § 71.05.026**  
21 **precludes the Counties’ claims**

22 Federal courts apply the zone of interests test to “determine, using traditional tools of  
23 statutory interpretation, whether a legislatively conferred cause of action encompasses a particular  
24 plaintiff’s claim.” *Lexmark Int’l, Inc. v. Static Control Components, Inc.*, 572 U.S. 118,

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25 <sup>3</sup> The Ninth Circuit sometimes uses a “sliding scale” standard when considering injunctive relief. *Alliance*  
26 *for the Wild Rockies v. Cottrell*, 632 F.3d 1127, 1134-35 (9th Cir. 2011). The use of the “sliding scale” can allow the  
Court to preserve the status quo. *Cottrell*, 632 F.3d at 1134 (citation omitted). In the Motion, the Counties are trying  
to alter, not preserve, the status quo.



1 127 (2014). Under this test, the Counties must demonstrate their interests “fall within the zone of  
 2 interests protected by the law invoked.” *Id.* at 129 (quotation marks omitted). In similar fashion,  
 3 under Washington’s Uniform Declaratory Judgment Act, the Counties must demonstrate  
 4 “whether the interest sought to be protected is ‘arguably within the zone of interests to be  
 5 protected or regulated by the statute or constitutional guarantee in question.’” *Grant County Fire*  
 6 *Protection District No. 5 v. City of Moses Lake*, 150 Wash.2d 791, 802, 83 P.3d 419 (2004).

7 While declaratory judgments and injunctive relief are generally appropriate only in limited  
 8 circumstances, in the context of the Counties’ claims, Wash. Rev. Code § 71.05.026 entirely  
 9 eliminates the availability of either form of relief. *See Pierce Co. v. State*, 144 Wash.App. 783,  
 10 816 (2008). This statute provides that certain entities, including counties, “shall have no claim for  
 11 declaratory relief, injunctive relief, judicial review under chapter 34.05 Wash. Rev. Code, or civil  
 12 liability against the state or state agencies for actions or inactions performed pursuant to the  
 13 administration of this chapter with regard to,” among other things, “the use or allocation of state  
 14 hospital beds.” Wash. Rev. Code § 71.05.026(2), (3).

15 Although the Counties frame their claims as arising from Wash. Rev. Code § 10.77.086,  
 16 their claims in fact necessarily rely on chapter 71.05 Wash. Rev. Code. Accordingly, the  
 17 limitations in RCW 71.05.026(2) apply to their requested relief. The Counties argue that this  
 18 statute is inapposite because it “does not impact enforcement of DSHS’s obligations under Wash.  
 19 Rev. Code 10.77.086.” Dkt. #07 at 13, ¶¶ 21-23. This contention fails to account for the  
 20 unavoidable interplay of the two statutes. Wash. Rev. Code 10.77.086 does not operate as though  
 21 civil conversion patients do not occupy state hospital beds under Wash. Rev. Code 71.05. In fact,  
 22 without reference to chapter 71.05, it would not contain any meaningful direction regarding the  
 23 Department’s responsibilities with respect to civil conversion patients. Any claims regarding the  
 24 Department’s duties under Wash. Rev. Code 10.77.086 cannot be disentangled from the  
 25 Department’s duties under Wash. Rev. Code 71.05.  
 26



1       The Counties rely on Wash. Rev. Code 10.77.086(7)(a), regarding felony defendants  
 2 found incompetent, and not regaining competency within a period of time. The statute directs the  
 3 defendant be committed “for evaluation for the purpose of filing a civil commitment petition  
 4 under chapter 71.05 RCW.” Wash. Rev. Code § 10.77.086(7)(a). From there Wash. Rev.  
 5 Code 71.05 governs. *See* Wash. Rev. Code §§ 71.05.280(3), 290 (3), 320(4); *see* Dkt. #07 at 2.  
 6 Wash. Rev. Code § 10.77.086(7)(a) creates the requirement for a court order, but for the  
 7 Department to proceed they must do so under Wash. Rev. Code 71.05. Here, the Counties’  
 8 claimed responsibilities by DSHS are under Wash. Rev. Code 71.05 and, therefore, governed by  
 9 Wash, Rev. Code § 71.05.026(2). Because Wash. Rev. Code § 71.05.026 bars the Counties’  
 10 requests for injunctive and declaratory relief and deprives them of standing, they cannot show  
 11 that they are likely to succeed on the merits.

12       The Counties’ arguments to the contrary fail. They cannot argue that Wash. Rev.  
 13 Code § 71.05.026 only applies to “actions or inactions performed pursuant to the administration  
 14 of this chapter [71.05 RCW]” and does not impact the enforcement of Wash. Rev.  
 15 Code § 10.77.086 because any order under Wash. Rev. Code § 10.77.086 depends on the  
 16 procedures in chapter 71.05 Wash. Rev. Code. Dkt. #07 at 13, ¶¶ 16-23. Second, the Counties  
 17 contend that Wash. Rev. Code 71.05.026 does not apply to their requested relief because the  
 18 Counties “neither request financial reimbursement nor challenge DSHS’s allocation of funds or  
 19 state hospital beds” but only seek DSHS’s compliance to evaluate civil conversion patients at any  
 20 facility operated or contracted by DSHS. *See* Dkt. #07 at 14, ¶¶ 2-5. This cramped reading of the  
 21 statute cannot be true since state hospital beds are a finite resource, and an order compelling the  
 22 Department to admit patients would directly dictate how the Department allocates state hospital  
 23 beds. *See* Petzinger Decl. at 3-4. The Counties’ interpretation would make the statutory language  
 24 almost meaningless because plaintiffs could simply craft their complaints without using the words  
 25 “allocate” or “reimburse.”  
 26

1       The Counties further point to the newly implemented portion of Wash. Rev.  
 2 Code § 10.77.086(7)(a) to support their argument that their requested relief would not implicate  
 3 the allocation of state hospital beds. *See* Dkt. #07 at 14, ¶¶ 1-3. The new language in Wash. Rev.  
 4 Code § 10.77.086(7), which took effect on May 15, 2023, now allows a defendant “to be  
 5 committed to the department for placement in a facility operated or contracted by the department  
 6 . . . for evaluation for the purpose of filing a civil commitment petition under chapter 71.05 RCW.”  
 7 Wash. Rev. Code § 10.77.806(7)(a). The Counties argue that because this provision allows for a  
 8 defendant to be sent to a facility operated or *contracted* by the Department, Wash. Rev. Code  
 9 § 71.05.026 does not apply, as their requested relief is not limited to the use of *state* hospital beds.  
 10 *See* Dkt. # 07 at 15, ¶¶ 23-25. This argument also fails because there are no facilities contracted  
 11 by the Department for this purpose. Bovenkamp Decl. at 2. As there are presently only the finite  
 12 number of state hospital beds, once again, any directive requiring admission directly speaks to  
 13 the allocation or use of state hospital beds. *See* Petzinger Decl. at 3-4. Because the Counties are  
 14 seeking relief that would necessarily entail a change in the allocation of this finite resource, Wash.  
 15 Rev. Code § 71.05.026 once again applies and this specific relief is statutorily barred. Their  
 16 requested remedy does not maintain the status quo, but instead seeks reallocation of the finite  
 17 resources that currently exist for admitting patients.

18       Alternatively, on similar grounds, the Counties’ request for the extraordinary mandamus  
 19 relief fails. Such extraordinary relief is only available “where a state official is under a mandatory  
 20 ministerial duty to perform an act required by law” *Freeman v. Gregoire*, 171 Wash.2d 316, 323,  
 21 256 P.3d 264 (2011). The mandate must define or specify the precise act to be done or prohibited,  
 22 defining “the duty with such particularity ‘as to leave nothing to the exercise of discretion or  
 23 judgment.’” *Id.* Here, a host of discretionary functions related to the ongoing management of a  
 24 behavioral health system already under a federal injunction belie any claim that mandamus lies  
 25 to direct a particular act or to prohibit one. These include discretion over bed allocation in state  
 26 hospitals free from county interference under Wash. Rev. Code § 71.05.026. These also include

1 compliance with the *Trueblood* Orders and the need for ongoing management under those orders,  
 2 and other factors. These discretionary circumstances and circumstances make the grant of  
 3 mandamus highly unlikely.

4 **b. The Counties' requested relief is prohibited by *Trueblood***

5 The Counties have also failed to establish that they are likely to succeed on the merits,  
 6 because their requested relief necessarily requires interpretation of, and is also in direct conflict  
 7 with, the *Trueblood* Orders. *Trueblood*, Dkt. #1009 at 49-52; Dkt. # 1033. These are orders the  
 8 Department must follow, in addition to the ongoing 2015 permanent injunction that wait times  
 9 for competency restoration and evaluation patients be reduced. *Trueblood* Dkt. #131 at 22-24.

10 Despite this Court's orders, the Counties now ask this Court to contradict the *Trueblood*  
 11 Orders, requiring DSHS to admit all civil conversion patients for evaluation for the purposes of  
 12 civil commitment pursuant to Wash. Rev. Code 71.05. The Counties argue that this relief is  
 13 compatible with the orders in *Trueblood*, because they claim that the *Trueblood* Court barred only  
 14 admission of civil conversion patients for civil commitment *treatment* and they are requesting  
 15 that DSHS admit these patients for *evaluation* only. See Dkt. #07 at 14, ¶¶ 13-19. This argument  
 16 relies upon the misunderstanding that it is possible to separate an evaluation from treatment under  
 17 Wash. Rev. Code § 10.77.086 and Wash. Rev. Code 71.05. However, evaluation and treatment  
 18 are not severable; common sense, medical practice, and the legislative intent behind Wash. Rev.  
 19 Code 71.05 demonstrate that they go hand-in-hand.

20 As discussed in detail above, Wash. Rev. Code § 10.77.086 and Wash. Rev. Code 71.05  
 21 are interdependent, rendering it impossible to meaningfully separate evaluation from treatment  
 22 under the law. Moreover, it is similarly impossible to separate the two in practice. When a patient  
 23 is admitted for evaluation for the purpose of civil commitment under Wash. Rev.  
 24 Code § 10.77.086, treatment begins immediately. Petzinger Decl. at 2-3. The patients are not  
 25 segregated into "evaluation only" and "evaluation plus treatment" camps, but rather, accepted as  
 26 a whole and treated in the same fashion. *Id.* Upon admission, all patients are assigned a psychiatric

1 prescriber, psychologist, and a medical doctor. *Id.* These providers review the patient’s history,  
 2 complete a physical evaluation, and complete a psychological evaluation in order to develop a  
 3 treatment plan. *Id.* This treatment plan determines whether to continue administering currently  
 4 prescribed medications or to order new medications. *Id.* The goal of the treatment plan is to  
 5 determine what the patient needs in order to be stabilized. *Id.* Once the treatment plan has been  
 6 developed, the psychologist evaluates the patient to determine if they meet the legal criteria for  
 7 Civil Commitment. *Id.* Thus, treatment occurs both before and throughout the process of  
 8 evaluation.

9 The Department treats these patients upon admission in part because treating these  
 10 afflictions is precisely the legislative intent of Wash. Rev. Code 71.05. *See* Wash. Rev.  
 11 Code § 71.05.010. To do otherwise would violate legislative intent and the statutorily enumerated  
 12 rights of these patients. The statutory scheme is intended “to protect the health and safety of  
 13 persons suffering from behavioral health disorders”; “to provide prompt evaluation *and* ...  
 14 treatment of persons with serious behavioral health disorders”; and for the continuity of care for  
 15 such “persons with serious behavioral health disorders.” Wash. Rev. Code § 71.05.010(a), (c), (e)  
 16 (emphasis added). Further, involuntarily detained patients have explicit and enumerated rights  
 17 while in the Department’s care. *See* Wash. Rev. Code § 71.05.217. This statute lists a number of  
 18 rights for these individuals, including the “right to individualized care and adequate treatment”  
 19 and the right to “discuss treatment plans and decisions with professional persons.” Wash. Rev.  
 20 Code § 71.05.217(1)(g), (h). It is clear that the legislature intended the treatment of patients to be  
 21 paramount under Wash. Rev. Code 71.05 and any attempt to sever treatment from evaluation  
 22 undermines the entire premise of this chapter and what is in the best interests of patients with  
 23 serious behavioral health disorders.

24 Even taking the Counties’ claim at face value, namely, that it is possible to separate  
 25 evaluation from treatment under Wash. Rev. Code 10.77 and 71.05, any relief compelling the  
 26 Department to admit patients for *evaluation only* would still be incompatible with the *Trueblood*

1 Orders. Since a finite number of beds exist, a bed allocated for an evaluation only would be one  
 2 fewer bed available for *Trueblood* class members. *See* Petzinger Decl. at 3-4; Bovenkamp  
 3 Decl. at 4-7. Further, over the past several years, “approximately 80% of felony conversion court  
 4 orders lead to a civil commitment to the state hospital by the superior court following admission,  
 5 evaluation, and the filing of a civil commitment petition.” Dkt. #1009 at 9, ¶¶ 5-8. Given that 80  
 6 percent of felony conversion court orders lead to civil commitment, even if these patients were  
 7 admitted for a civil conversion “evaluation” only, such evaluations would overwhelmingly result  
 8 in civil commitment for a period of 90 to 180 days. But the civil commitment of these patients, if  
 9 they were non-violent offenders, would violate the *Trueblood* orders. *See* Dkt. #1033 at 2. No  
 10 further court order should require the Department to admit these patients in violation of this  
 11 Court’s *Trueblood* Orders, while subjected to steep daily fines or release patients into the  
 12 community after a short evaluation period, where 80 percent of these patients are in need of  
 13 treatment. This is separate and apart from the absurd, resulting scenario in which the patient is  
 14 evaluated and found committable, only to be released. Accordingly, because the Counties’  
 15 requested relief conflicts with the *Trueblood* Orders, the Counties success on the merits in this  
 16 matter is unlikely.

## 17           **2.       The Counties cannot show irreparable harm**

18           The Counties also cannot show that they will suffer irreparable harm in the absence of  
 19 preliminary injunctive relief. Motions for preliminary injunctive relief require evidence showing  
 20 a likelihood of irreparable harm, and may not rely on mere allegations. *Herb Reed Enterprises,*  
 21 *LLC v. Florida Entertainment Management, Inc.*, 736 F.3d 1239, 1251 (9th Cir. 2013).  
 22 Speculative injury does not constitute irreparable injury sufficient to warrant a preliminary  
 23 injunction. *Goldie’s Bookstore, Inc. v. Superior Court*, 739 F.2d 466, 472 (9th Cir.1984).  
 24 Additionally, a plaintiff must do more than allege imminent harm sufficient to establish standing;  
 25 instead, the plaintiff must demonstrate immediate threatened injury as a prerequisite to injunctive  
 26

1 relief. *Boardman v. Pacific Seafood Group*, 822 F.3d 1011, 1022 (9th Cir. 2016) (citing  
2 *Caribbean Marine Servs. Co., Inc. v. Baldrige*, 844 F.2d 668, 674 (9th Cir. 1988)).

3 First, the Counties claim that the potential civil conversion patients themselves will  
4 experience irreparable harm in that they will go without treatment. However, “[i]n the ordinary  
5 case, a party is denied standing to assert the rights of third persons.” *Village of Arlington Heights*  
6 *v. Metro Housing*, 429 U.S. 252, 263 (1977) (citing *Warth v. Seldin*, 422 U.S. 490, 499 (1975)).  
7 Thus, the Counties cannot prevail based on alleged irreparable harm to third parties. And, as  
8 discussed in detail below, the plaintiffs requested relief would not ameliorate this alleged harm in  
9 any event.

10 Next, the Counties claim “DSHS’s refusal to evaluate these patients can also result in  
11 harm to the communities to which they return.” Dkt. #07 at 18, ¶¶ 3-4. The Counties further state  
12 that if the evaluation process is shifted to local providers that this will somehow “lead to the rapid  
13 release of many former defendants into the community” and many of these defendants “will not  
14 have current housing, current outpatient mental health services, or other supports in the  
15 community.” Dkt. #07 at 18, ¶¶ 3-27. These arguments are speculative and do not sufficiently  
16 demonstrate immediate threatened injury. In addition, this is not a harm particularized to the  
17 Counties as governmental units, but is generalized, alleged harm to their constituents. Further, it  
18 is unclear how the Counties’ requested relief directing the Department to admit civil conversion  
19 patients for *evaluation only* would rectify this alleged harm to the community at large. At best,  
20 the Counties’ requested relief would pause the alleged injury for 120 hours for each civil  
21 conversion patient admitted for evaluation only, as they would be discharged back into the  
22 community shortly after evaluation without any treatment or discharge planning. *See* Petzinger  
23 Decl. at 2.

24 Finally, the Counties claim they will suffer irreparable harm, because non-conversion  
25 patients would be forced to compete with conversion patients for scarce resources and the court  
26 systems and prosecutors will be strained by “patients who commit new offenses as a result of

1 their failure to obtain mental health treatment.” *See* Dkt. #07 at 19, ¶¶ 3-14. This alleged harm is  
 2 also highly speculative, especially as only non-violent felony conversion patients would be  
 3 released under such circumstances. Dkt. #1033 at 2. Again, while the Counties claim harm from  
 4 a lack of mental health treatment, they contend their requested relief is not for treatment, but for  
 5 evaluation only. The Counties cannot have their cake and eat it too. Either they are really seeking  
 6 treatment for patients, despite disclaiming any intent to do so, or they cannot allege harms from  
 7 untreated patients. Ultimately, the Counties have not met their burden as they have not shown  
 8 that they will suffer imminent harm in the absence of a preliminary injunction.

9 In any event, the Counties still have other processes available to them under the  
 10 Involuntary Treatment Act.<sup>4</sup> They may refer their cases to their DCR or petition for involuntary  
 11 treatment under Wash. Rev. Code 71.05 based on grave disability or threat of harm to self or  
 12 others. Wash. Rev. Code § 71.05.230. The Counties claim that these processes are inadequate;  
 13 however, as of August 2023, the Health Care Authority (HCA) has contracted for 174 traditional  
 14 ITA beds in the community along with 77 additional beds that cater to civil conversion patients  
 15 who have stabilized during the admission and treatment process in the state hospital. Declaration  
 16 of Waterland Decl at 3; Bovenkamp Decl. at 2. Additionally, the HCA has approximately 425  
 17 civil beds currently under contract aimed at accommodating those in the civil system. These beds  
 18 include crisis stabilization centers, traditional 14 and 90 day ITA beds, and beds dedicated to  
 19 accept felony conversion patients. Waterland Decl. at 3. The HCA anticipates that this mixture of  
 20 beds will reach 1000 by the end of 2025. *Id.* In total, since July 2019 the HCA, DSHS, and  
 21 Commerce have invested more than \$1.7 billion dollars in behavioral health. Waterland Decl.  
 22 at 3-4. These alternatives would also address the types of harm the plaintiffs are alleging, which  
 23 further demonstrates that a mandatory injunction is not necessary to prevent irreparable harm.

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24  
 25 <sup>4</sup> Similarly, regarding their alternative request for mandamus, the Counties overlook their own reliance in  
 26 their briefing on existing court orders for admission. The Counties are parties to those proceedings and can attempt  
 enforcement through those proceedings. The Counties argue DSHS’s duty is mandatory because of court orders, but  
 then say argue that mandamus lies because there are no other available legal remedies.



**3. The balance of the equities does not weigh in the Counties' favor**

In exercising their discretion, courts of equity are required to carefully consider the public consequences of granting the extraordinary remedy of injunctive relief. *Winter v. Natural Resources Defense Council, Inc.* 555 U.S. 7, 24 (2008). The consequences to the public of the requested injunctive relief would be significant. It would slow the forward progress being made by DSHS in timely admitting *Trueblood* class members for restoration treatment, undo the strides made in the *Trueblood* litigation, and thwart future compliance with the *Trueblood* Orders. If DSHS were ordered to admit all civil conversion patients for evaluation, *Trueblood* class members will suffer and compliance with *Trueblood* Orders would be impaired, as there would be fewer beds available for competency evaluation and restoration treatment. *See* Petzinger Decl. at 4. Additionally, there would be little, if any, countervailing benefit from evaluating, but not treating, this civil conversion patient population. The balance of equities does not weigh in the Counties' favor.

**4. Temporary injunctive relief is contrary to public interest**

"[When] an injunction is asked which will adversely affect a public interest ... the court may in the public interest withhold relief until a final determination of the rights of the parties, though the postponement may be burdensome to the plaintiff." *Weinberger v. Romero-Barcelo*, 456 U.S. 305, 312-13 (1982). As discussed above, the proposed relief would have negative consequences for *Trueblood* class members. Reducing the number of beds available to class members would only add to the restoration waitlist by forcing class members to wait longer for competency restoration as civil conversion patients typically occupy a state hospital bed four-to-five times longer than class members awaiting competency restoration. Dkt. #1009 at 29, ¶¶ 1-3. Accordingly, the Counties' requested relief would be contrary to the public interest and thus should be denied.

**5. The Court should also deny the Counties' requested relief regarding notice requirements**

As for the Counties' claim regarding statutory notice requirements, they also have not met their burden to establish that they are entitled to a temporary restraining order. In this regard, the Counties have not shown that they will be successful on the merits of their claim. Rather, they simply state that the Department has departed from the notification process detailed in Wash. Rev. Code § 71.05.425. The Counties point to notice sent by the Department on August 2, 2023, to various agencies notifying them of pending patient discharges. *See* Dkt. #07 at 21, ¶¶ 2-5; and Dkt. #3-1 at 165-66, 347, (Vasquez Decl. Ex. D). However, the Counties' do not establish how this notice is insufficient under Wash. Rev. Code § 71.05.425 and thus, they fail to demonstrate that they are likely to prevail on the merits of this claim. Additionally, the Counties have failed to make any showing of irreparable harm resulting from the status quo. Nor do they show how the equities and public interest favor this injunction related to notice. Indeed, they have failed to satisfy each of the required prongs necessary to warrant a temporary restraining order as to this claim. Accordingly, the Counties have not met their burden for injunctive relief and their request should be denied.

**IV. CONCLUSION**

For all of the foregoing reasons, this Court should deny the Counties' motion for remand and the Counties' motion for temporary injunctive relief.

RESPECTFULLY SUBMITTED this 18th day of September, 2023.

ROBERT W. FERGUSON  
Attorney General

*s/Daniel J. Judge*

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DANIEL J. JUDGE, WSBA No. 17392  
*Senior Counsel*

ALEC C. GRAHAM, WSBA No. 56590

DEREK MILLIGAN, WSBA No. 59651

*Assistant Attorneys General*

*Attorneys for Defendants*

**CERTIFICATE OF SERVICE**

I, *Rebecca Leigh*, state and declare as follows:

I am a citizen of the United States of America and over the age of 18 years and I am competent to testify to the matters set forth herein. I hereby certify that on the date indicated below, I electronically filed with foregoing document with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to the following:

Paul J. Lawrence, WSBA No. 13557  
 Ian D. Rogers, WSBA No. 46584  
 Shweta Jayawardhan, WSBA No. 58490  
 Pacifica Law Group, LLP  
 1191 Second Avenue, Suite 2000  
 Seattle, WA 98101  
 paul.lawrence@pacificallawgroup.com; ian.rogers@pacificallawgroup.com;  
 shweta.jayawardhan@pacificallawgroup.com

In addition, a copy of this document and any attachments has been e-mailed and mailed to the following parties who are not CM/ECF participants via US Mail, postage prepaid:

Marcus Miller  
 Pierce County Prosecuting Attorney's Office  
 930 Tacoma Ave S Rm 946  
 Tacoma, WA 98402-2171  
 marcus.miller@piercecountywa.gov

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dated this 18th day of September 2023.

*s/Rebecca Leigh*  
 REBECCA LEIGH  
 Paralegal